CLESE Forum on the Contributions and Concerns of Limited English Speaking Elderly

Summary Report

An Independent Aging Agenda Event
July 22, 2005, 10:00 a.m. to 12:00 p.m.
Chinese American Service League
2141 S. Tan Court, Chicago, IL 60616

The "independent aging agenda event" is designed to provide input to the Policy Committee of the 2005 White House Conference on Aging. This event is neither sponsored nor endorsed by the White House, nor does it in any way represent the policies, positions, or opinions of the 2005 White House Conference on Aging or the federal government.

Number of Persons Attending: 85

Sponsoring Organization: Coalition of Limited English Speaking Elderly (CLESE)

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In attendance:
Clayton Fong, Policy Committee, 2005 White House Conference on Aging
Dr. Alejandro Aparicio, Policy Committee, 2005 White House Conference on Aging
Jonathan Lavin, Executive Director, Suburban Area Agency on Aging and 2005 Delegate
Elisabeth O'Grady, Executive Director, CLESE and 2005 Delegate
Ann Limjoco, staff to Congresswoman Jan Schakowsky
The Honorable Kevin Joyce, Illinois Representative and Chair, Aging Committee
Michael Gelder, Deputy Director, Illinois Department on Aging
David Mui, Deputy Commissioner, Chicago Department on Aging
Bernarda Wong, President, Chinese American Service League and 1995 Delegate

Clayton Fong explained the purpose of the 2005 White House Conference on Aging and announced that the event was the only one in the country to focus on the needs of limited-English-speaking elderly.

Sixteen representatives from sixteen ethnic community-based organizations serving immigrant, refugee and migrant elderly presented testimony on the contributions and concerns of their service recipients. Language and culture are the common barriers to all the issues addressed. Copies of individual testimony are attached to the hard copy of this report. Multiple concerns were raised; recommendations are listed in priority order based on the urgency of the need and the frequency of times mentioned.

Recommendation # 1: Improve the methods of conducting the Census to include all Limited English Proficient (LEP) elderly; review languages listed and include omissions,

such as Assyrian. Include LEP in the Older Americans Act and as a factor in funding allocation formulas.

Older limited-English speaking people are frequently excluded from the Census. If they live alone, they do not understand the Census and cannot fill it out; if they live with bi-lingual family members, such as adult children, they are overlooked. Assyrian is not listed.

The benefit to having an accurate Census count of LEP elderly is the effect on the funding formula of Older Americans Act allocations, thereby increasing the monetary support available to meet the complex needs of LEP elderly in the community.

Language remains the biggest barrier to accessing services funded by the Older Americans Act. Increased funding permits more support to ethnic community-based organizations. It allows mainstream agencies to hire bi-lingual, bi-cultural staff. Increased funding for LEP elderly will provide additional opportunities for English classes, interpretation and translation, information & assistance, case management, and culturally-appropriate services.

Most of the services we provide are not funded. I would like to thank the Suburban Area Agency on Aging for including us in the Older Americans Act funding for three years. We were able to reach out to hundreds of elderly living in suburban areas, but we were unable to meet many of their needs. Escort and interpretation services are very much needed.

Japanese American Service Committee provides comprehensive social services such as adult day care, home care and counseling, but we do not receive adequate funding or reimbursement for agency costs and staff time. We ask for increased funding now to help our clients.

I asked twenty elderly what the South-East Asia Center had done for them; they said, "We cannot participate in American life or share its benefits without assistance. The Center tells us about services, housing, events. The Center is our guiding light." In order for the Older Americans Act to be relevant to more than just English speaker, the Act must recognize those with limited English fluency. Unless the Act recognizes LEP elderly and provides for learning English and language-sensitive services, then the Act does not live up to its honorable pronouncements of equal opportunity for the older people of our nation.

Many eligible poor elderly and immigrants in the Polish community who qualify for entitlement benefits, don't access them. This is often an issue of cultural pride, compounded by the lack of sufficient English language skills to navigate the complicated application systems.

How will the Vietnamese Association of Illinois' Senior Program be funded? Without funds, the Senior Program has to be closed. Our staff shortage means we cannot help seniors with translation and interpretation. When the seniors have problems, where do they go for help? It is the community-based organizations like ours. But without funds, how is it possible to help the most vulnerable people?

Latino seniors ask for greater cultural awareness and access to information and services in Spanish.

Recommendation # 2: Improve the lives of elderly refugees by two actions: Make elderly refugees the highest priority in services provided through the Older Americans Act and revise the 1996 Welfare Reform to eliminate the provision requiring naturalization within seven years to prevent loss of federal benefits.

Many mainstream service providers do not know the difference between immigrants and refugees and do not understand the difficulties in the life of an elderly refugee. Refugees fled persecution, often including violence and torture in their home countries; they come to the United States with fractured families. Their needs for food, shelter and basic necessities are compounded by the difficulties they face in the acculturation process. Many suffer post-traumatic stress disorder. If they are under the age of 65 or not disabled, they are required to work.

It is not possible for all elderly refugees to pass the naturalization test within seven years due to processing delays, difficulty learning English and backlogs in the number of asylees issued permanent resident cards each year. Federal legislation (HR 899, the SSI Extension for the Elderly and Disabled Refugees Act) would provide two additional years of Supplemental Security Income to elderly and disabled refugees and other humanitarian migrants. However, the provision requiring naturalization should be eliminated entirely for elderly and disabled refugees.

The Bosnian-Herzegovinian American Community center started in 1994; the mission in that time was to serve wounded people from Bosnia. Most of the Bosnian refugees came in the period from 1994 till 1998. The reason was the horrible and bloody war in Bosnia. After all the testimonies today I realize that all of us have the same problems; first and biggest is the language barrier. With a new country and language, the refugees were unable to learn because most of them suffer from Post Traumatic Stress Disorder . . . They felt, and still feel, lonely, lost and the adjustment in a new society was hard.

Over a third of the 36,000 refugees from the former Soviet Union settled by the Hebrew Immigrant Aid Society of Chicago are elderly/disabled refugees. Unable to work, they rely on the SSI program to provide a modest monthly income to meet basic expenses such as food, rent, medications and other health care costs. The irony is, in our rush to save dollars as a nation, we are endangering the very precious lives our government thought were worth saving.

Recommendation # 3: Improve mental health through outreach and education in ethnic communities, and accessible and culturally competent mental health services.

According to the Surgeon General's Report on Mental Health, almost 20 percent of people over the age of 55 experience mental disorder that is not part of "normal aging." The percentage of immigrants and especially refugees is significantly higher. Unrecognized and untreated, these disorders can cause severe impairment and even be fatal.

It is apparent that Korean seniors are one of several demographic groups at increased risk for depression under-treatment. According to our case workers, they have not met any Korean seniors who have mental health services or needed treatments. While many factors influence low

rates of depression treatments in older Koreans, they are less likely than mainstream elderly to find medications acceptable. In addition, the following are major factors causing low rates of depression treatments in older Koreans:

- *Lack of knowledge about where to receive treatment*
- *Unfamiliar with the process of treatment*
- *Lack of knowledge about mental health issues, such as depression and dementia*
- *Not having transportation to obtain help or treatment*
- *Lack of availability of Korean speaking mental health service providers.*

We need to:

- *Increase accessible and appropriate mental health services*
- *Integrate informal social support systems into program development and service delivery*
- *Improve the cultural competency of programs*
- *Conduct public education and outreach*

The majority of the Middle-Eastern elderly population suffers from depression and have unmet mental health needs.

We believe that developing models that bring together mental health, health and community based social services is essential to responding adequately to the mental health needs of elderly immigrants and refugees. Services must be accessible and culturally competent; providers need to understand immigration and refugee experiences, how it impacts health/mental health practices and beliefs, acculturation differences, bicultural socialization and more. The access and utilization of services will be improved only through community based services. Many of the community based ethnic organizations are a natural place to start with interventions to reduce stigma and educate elderly and family members. The success of services has to be beyond the clinical approach.

Recommendation # 4: Increase transportation services for elderly; services need to be accessible and culturally appropriate.

There is transportation service if you are disabled, but you have to ask for it in English. And the driver only speaks English. We have a van, but it does not begin to meet the needs of all our clients. They need transportation to go to the doctor and for other critical appointments.

Transportation is a growing need. Although my agency has seven vans, we cannot begin to keep up with the needs, especially in the suburbs. Our elders cannot go anywhere unless someone takes them – and that someone needs to speak our language!

Transportation is another problem: elderly have no means to go to doctor appointments or to the agencies where they can get the service they need.

If clients require transportation assistance, we are the only agency who can provide bi-lingual services.

Recommendation # 5: Increase affordable housing for elderly; increase assisted living.

Housing options for elderly are inadequate. Although many ethnic elderly live with adult children or other family members, sometimes they need or would like to live independently.

We have a beautiful, 92-apartment building across the street. Several other buildings in our community have elderly Chinese residents. But the waiting list is 3 to 7 years for an apartment. There is not enough affordable housing. Also, we need assisted living for elderly who are getting frail.

I have seen a desperate need for assisted living and affordable housing. The goal of having all elders cared for by their families in the homes of their adult children is not able to be met in every situation. Here, daughters and daughters-in-law work and are unable to give the care needed by the older generation. The elders are isolated and lonely during the day, especially those who live in the suburbs. Both affordable housing and assisted living is needed. There is still an enormous aversion to placing our elderly in a nursing home.

Latino seniors need affordable housing and safe neighborhoods.

We need assisted living; affordable housing should be increased under the Section 8 Program.

After hearing all the testimonies, the dignitaries, delegates, elected officials and representatives responded:

Clayton Fong acknowledged the plight of refugees and that they need a safety net.

Dr. Alejandro Aparicio noted that issues of language cut across all services including housing, transportation and mental health.

Jonathan Lavin expressed his appreciation for the testimonies and said he would keep LEP issues as a priority when he attends the White House Conference on Aging.

Representative Kevin Joyce appreciated the good comments. He acknowledged the need for permanent support for refugee elderly and a more accurate Census.

Michael Gelder said the testimonies were moving. The Illinois Department on Aging is committed to equal access to services for all elderly in Illinois.

David Mui stated that the Chicago Department on Aging has a long history of working with LEP elderly through ethnic organizations and looks forward to expanding the commitment.

Ann Limjoco noted that Congresswoman Jan Schakowsky is a champion for elderly. She thanked those who gave testimony, saying, “What you do is so important, thank you.”